

FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000119611

1. Entity Name  
KENTEK FOUNDATION REPAIR INC.



**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1996 REAGAN RD.  
NAVARRE, FL 32566 SA

Mailing Address  
1996 REAGAN RD.  
NAVARRE, FL 32566 SA



**DO NOT WRITE IN THIS SPACE**

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
30-0212849 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATE, SAMUEL K SR.  
2006 REAGAN RD.  
NAVARRE, FL 32566

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000152838  
05/04/04-80102-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PATE, SAMUEL K SR. 2006 REAGAN RD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PATE, JUDY C 2006 REAGAN RD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATE, SAMUEL K JR. 2006 REAGAN RD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL K PATE SR 4-28-04 850-139-6506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #